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SURGEON GENERAL'S POLICY LETTER 16/03

THE MANAGEMENT OF MEDICALLY UNEXPLAINED SYMPTOMS FOLLOWING OPERATIONAL DEPLOYMENT

Reference:

A. D/DMSD/350/6/7 dated 28 May 03 (SGPL 08/03).

INTRODUCTION

1. In the aftermath of every conflict for which records exist, some returning personnel have complained of ill-health. In many cases symptoms have been vague and non-specific, sometimes leading to inappropriate and unwelcome reassurance, delays in investigation and, in many cases, loss of confidence in the medical "system". The inevitable result has been anxious patients and their relatives who may turn to pressure groups for support, and often have recourse to litigation.

2. It is prudent to assume that, amongst personnel returning from current operations, there will be some who feel that their health has been adversely affected by their deployment. If the pattern of recent conflicts is followed, some will have illnesses of physical origin, others will be affected by psychiatric disorder including post-traumatic stress disorder (PTSD) and adjustment reactions, whilst there will be a third group for whom, despite extensive investigation, no cause will be found.

3. It is imperative that all medical practitioners having responsibility for the clinical care of personnel returning from current operations are aware of the ways in which such patients can present and of the need to ensure that all who wish for it have prompt access to appropriate investigations and management. SG has directed that action addressees are to ensure that this SGPL is promulgated to all medical personnel within their areas of responsibility. In addition SG requires action addressees to confirm in writing to D Med Pol, within 30 days, that promulgation has taken place.

AIM

4. The aim of this policy letter is to ensure that all medical practitioners, military and civilian, are aware of the ways in which health concerns can present following operational deployment, the investigations which should be carried out and the procedures for obtaining referral for specialist investigation.

BACKGROUND

5. Extensive research since the 1990/1991 Gulf Conflict has so far failed to elucidate the causes of ill-health in some Gulf veterans. Suggested causes have included multiple vaccinations, nerve agent pre-treatment set (NAPS) tablets, environmental pollutants and stress. However, no clear scientific or medical consensus has been forthcoming and indeed historical research indicates that ill-health following conflict is commonly described and may not be attributable to specific factors. What is clear however is that these individuals have genuine healthcare needs which must be met in full.

PRESENTATION

6. The case definition may be considered to be:

> **Any individual who has returned from operational deployment, or who was prepared for deployment eg by receiving immunisations and briefings even if they did not actually deploy, and who believes that their health has been adversely affected.**

Any individual may be affected irrespective of age, gender, rank, trade or professional group.

7. It is important that all such patients are managed sympathetically and with an open mind, even if no clinical diagnosis is readily forthcoming. This will require, firstly, careful history-taking as patients are unlikely to openly volunteer their hidden concerns. Indeed as symptoms can present months or years after return from deployment, a history of participation in operational deployment must be specifically sought. Medical officers should be aware of any specific factors likely to be associated with the operations under discussion. In some instances it may be necessary for the medical officer to arrange a follow-up appointment when he or she has fully familiarised themselves with the medical problems of specific operations.

INVESTIGATION IN PRIMARY CARE

8. Care must be taken to establish detailed information on the most recent deployment as well as past operations to which patients may have deployed. As a consequence initial history-taking is to include, in addition to routine clinical questioning, the following which must be documented:

a. Pre-deployment health status (including medical grading).

b. Civilian employment (Reservists and MoD civilians).

c. Current employment (military or civilian).

d. Dates of participation in operational deployment, and locations.

e. Role on deployment.

f. Involvement in combat.

g. Details of any illnesses or injuries sustained in theatre, and their management.

h. Vaccination history (from medical records).

i. Use of NAPS, biological agent treatment set (BATS) or Combopens.

j. Use of anti-malarials.

k. Any adverse reactions to the above.

l. Possible exposure to depleted uranium (DU).

m. Possible exposure to other environmental or industrial hazards.

n. Possible contact with infectious disease.

o. History of febrile episodes.

A previous personal or family history of unexplained symptoms should be specifically sought. The employment history should include an enquiry into whether specific occupational health surveillance has ever been required (eg radiation workers). Clinical examination should be carried out as appropriate.

9. Investigations will depend on the clinical presentation, but consideration could be given to the following:

a. Full blood count including differential WBC & ESR.

b. LFTs.

c. U&E.

d. Urinalysis.

e. BP.

Detailed contemporaneous records of all findings are to be kept.

10. It will be necessary to enquire specifically for stress-related symptoms but this should be approached with care to avoid giving the impression that the individual's symptoms are to be "dismissed as psychological". It may also be useful to explore the patient's beliefs with regard to the aetiology of their symptoms. Important questions to explore include:

a. History of previous PTSD or other stress-related disorder.

b. History of previous traumatic experience.

c. Past history of psychiatric disorder.

It may be desirable to defer this part of the examination until the initial results of investigations are received and a second consultation takes place. To facilitate onward referral, it is envisaged that a PHCIS generated template that covers all of above will be developed in due course.

REFERRAL

11. Patients with symptoms suggesting a known clinical disorder should be referred promptly to an appropriate secondary care consultant. For those whose symptoms are less well defined, the

Gulf Veterans' Medical Assessment Programme (GVMAP), based at the Baird Health Centre in London, provides a specialised referral facility for investigation of deployment-related health problems in respect of Op GRANBY (the 1990/1991 Gulf Conflict) and Op TELIC (the 2003 Gulf Conflict). All Regular and Reserve Servicemen and women and MoD civilians who took part in Op TELIC, or in Op GRANBY, are eligible to attend GVMAP. Servicemen and women from deployments other than Op TELIC or Op GRANBY should not be referred to GVMAP (advice on the management of such individuals should be sought from an appropriate secondary care consultant). Patients should be offered an appointment at the GVMAP sooner rather than later in order to avoid undue anxiety if it appears that no diagnosis will be forthcoming as a result of the primary care work-up, or if it becomes evident that the patient wishes for a specialist assessment.

12. Medical practitioners wishing to refer patients to the GVMAP should write to:

Gulf Veterans' Medical Assessment Programme
Baird Health Centre
Gassiot House
St Thomas' Hospital
Lambeth Palace Road
London, SE1 7EH.

The GVMAP consultants can be contacted by telephone on 020 7202 8322 or 0800 169 5401. Information about the GVMAP can be found at www.mod.uk/issues/gulfwar/map.htm .

13. The role of the GVMAP is to assess patients and to recommend treatment. It does not provide treatment. Recommendations for treatment identified as a result of the assessment process are passed to the patient's doctor who arranges further treatment and/or referral as appropriate. Following assessment, the GVMAP consultants will normally write to the referring doctor within 6 weeks and will send copies of any test result. For those found to be unwell, a standard follow-up letter will normally be sent to the referring doctor 6 months after the consultation asking for information on the patient's condition and subsequent treatment. This provides important feedback to validate the GVMAP process and it is essential that referring doctors respond to any requests for follow-up.

PSYCHIATRIC REFERRAL – CIVILIAN AND EX-SERVICE PERSONNEL

14. Civilian and ex-Service patients requiring psychiatric referral, including those with a provisional diagnosis of PTSD, should be referred to their local NHS Department of Mental Health for assessment and treatment as appropriate. Consideration should also be given to encouraging the patient to seek help from the Ex-Services Mental Welfare Society ("Combat Stress") who have extensive experience in assisting ex-Service personnel with deployment-related mental health problems. They can be contacted by telephone on 0208 543 6333 or via their website www.combatstress.org.uk .

DEPLETED URANIUM

15. All personnel who deployed on recent operations where DU may have been used should have been issued with a DU Information Card (F Med 1018). They are entitled to undergo urine testing for uranium on request. Further details are at Reference A.

MEDICAL GRADING

16. Significant symptoms may interfere with functional capacity. Medical grading may need to be adjusted in accordance with JSP 346 and single Service publications.

FURTHER INFORMATION

17. An updated Information Pack on Gulf Veterans' Illnesses is in preparation. Further details will be circulated in due course. Information on Gulf Veterans' Illnesses is also available on the Internet at: www.mod.uk/issues/gulfwar .The US has also produced a considerable amount of information on deployment health issues and this can be accessed at the US Deployment Health Website at: www.deploymenthealth.mil .The site also includes clinical practice guidelines: MoD is considering a similar approach.

18. If further information regarding this SGPL is required, AD Clinical Policy should be contacted on 020 7807 8761.

(Signed on original)

S R C DOUGHERTY
Air Commodore
for Surgeon General

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